**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6011985 07/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 CHESTNUT STREET TANNER PLACE **PARIS, IL 61944** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z 000 COMMENTS Z 000 Incident Report Investigation (IRI) OF 4/29/19 / IL# 112999 Z9999 FINDINGS Z9999 Statement of Licensure Violations: 350.620a) 350.1210 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Attachment A Section 350.3240 Abuse and Neglect **Statement of Licensure Violations** a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

resident. (Section 2-107 of the Act)

TITLE

(X6) DATE

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Description of "Mechanical Soft Diet" provided by the facility, undated, states "The mechanical soft diet is designed to permit easy chewing. The regular diet is modified in consistency and texture by cooking, grinding, chopping, mincing, or

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before swallowing."

place: Staff present for all meals, all meals cut up prior to serving, may prompt to chew well

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Observation of day training on 6/26/19 at 12:10 in the lunch room, R1 was eating a sandwich with

approximately 1 inch in size, chips, fruit cup, and macaroni salad with lemonade packet in a water

whole meat, cut up into cubes/crust on

bottle. 2 staff members present with 14

PRINTED: 09/09/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: IL6011985 07/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 CHESTNUT STREET TANNER PLACE PARIS, IL 61944** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 5 Z9999 individuals in the room. 1 staff was sitting at a table with R2. R2 was being fed per staff a sandwich with whole meat and with a cheese slice cut up into cubes, approximately 1 inch in size, fruit cup, cheese puffs, and macaroni salad. with water to drink. In an interview on 6/26/19 at 11:30 AM, when asked what diet R1 is receiving, Z1 (Day Program Director/Supervisor) stated R1's food is to be precut. When asked if the facility made them aware of R1's choking on 4/29/19, Z1 stated

In an interview with E3, RNT, on 6/27/19 at 11:21 AM, E3 was asked was she aware of the choking incident at day training on 5/21/19? E3 stated "yes". When asked why there is no assessment or note summarizing the incident and any follow up or recommendations, E3 provided no response/answer. E3 was asked is pretzels are on a mechanical soft diet? E3 provided no response/answer. E3 was asked is there any summary on R1's new diet order from 6/3/19? E3 stated; "I wrote all meals cut up prior to serving."

no. When asked if there is any changes to R1's since she choked again on 5/21/19 at the Day Training, Z1 stated, they have not been notified of any diet modifications or recommendation for R1.

2. R2's ISP date is 2/8/19, R2 functions at a Moderate Intellectual Disability Level with current diagnosis of Depression, Dementia, and Sanfilippo Syndrome. R2 is on a Mechanical soft, diet, pre-cut all foods into small bite size pieces prior to serving.

Current "Results of Choking Risk Assessment" dated 10/11/18, R2 scored an 8, making him a moderate choking risk. Under "History of choking

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small pieces for R1 and R2."

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